

March 9. 1829

Ch. ~~417~~ 118

106 5<sup>th</sup> 4.

an ad cum: of Bowdoin  
Inaugural Med: Institution  
Dissertation

on

Exanthesis Rubicula;

For

The Degree of Doctor of Medicine  
In

The University of Pennsylvania;

Paperd March 16. 1829

By

Alexander P. Moore

of

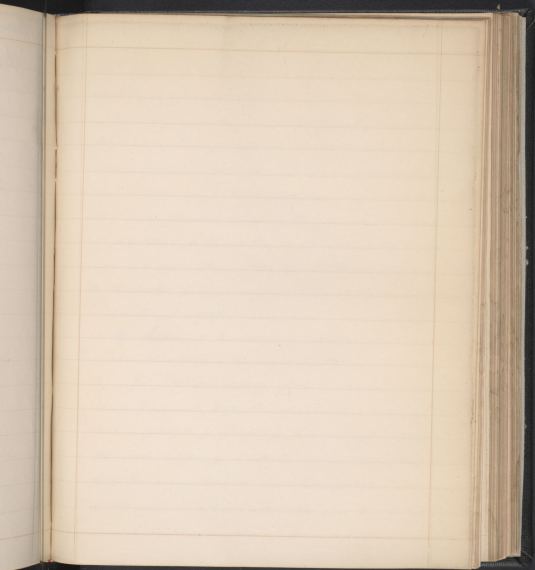
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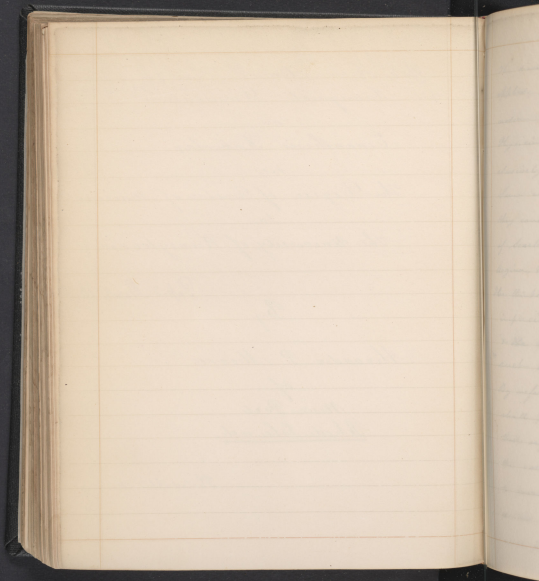
Rhode-Island.

Philadelphia March 9. 1829

Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and includes phrases such as:  
The Degree of Doctor of Medicine  
The University of Pennsylvania  
Philadelphia  
By  
Thomas P. Moore  
of  
New York  
White Island  
March 1850







On the History of the Disease

The disease is endemic in the country, has been  
observed in various parts of the country, & has been  
noticed by the most celebrated Physicians, having left no accounts which would  
clearly prove that it was known to them.  
Some writers say that they have found that  
they could discover traces of this disease in various  
of the olden, & that they in the village of Barchin  
begin to see it in the French Physicians, &  
the think the foreign physicians are too general  
in saying, & establish any such conclusions,  
the history of the disease is a matter that is  
not to be decided by them.

By referring to the history of these diseases we  
shall perceive, that the accounts given of  
their origin & progress, go, not only to establish  
the correctness of Doct. Ferri's assertions, but  
to prove even that the world's first & true  
writers could not have seen them, as they have  
found them in the history of the disease.

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## *Erythras Rubra*

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The disease to which this name has been applied, is, we are told, comparatively of modern origin—the ancient Greek, & Roman Physicians, having left no accounts which conclusively prove that it was known to them.

Some writers say Doct. Gould, never fancied that they could discover traces of this disease, as well as, of Scarlatina, & Small Pox, in the writings of Paulus Aegina, & some other of the Greek Physicians; but he thinks the passages referred to, are too general, & imprecise, to establish any such conclusion, & he has not hesitated to declare that no such diseases are described by them.

By referring to the history of these diseases we shall perceive, that the accounts given of their origin & progress, go, not only, to establish the correctness of Doct. Gould's assertions, but, to prove even that the earlier Greek & Roman writers could not have seen them, as they had never prevailed in either of those countries.

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previously to the commencement of the 5th century. Consulting then the history of these molasses, we learn that they must have been known in India, & China, from a very remote antiquity - that they were conveyed from India, to Arabia, about the middle of the 6th century, by the Arabian Merchants who traded on the western shores of Hindostan.

It does not appear however, that any of them had prevailed as a general & fatal epidemic, in Arabia, until a short time previously to the birth of Mahomet, or about the year of Our Lord 569; when they broke out near Mecca, & raged with great violence, & fatality.

From Arabia, they appear to have travelled westward, to the north of Africa, & back by the commencement of the 8th century, extended, over nearly all the eastern

Provinces of Asia. How long nature would have confined <sup>them</sup> to this periphery, under ordinary circumstances, is not easy to determine; -

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But in the shade of war, that so frequently  
follow in the train of war, malignant, & con-  
tagious, diseases are not the least terrible,  
or destroying & accordingly we find, that, the  
diseases, of which I am now speaking, were  
introduced into Spain, Italy, & France, by  
the Saracenic invasion, early in the 8th  
century. Having thus gained firm footing  
in these southern provinces, their baleful,  
& destructive influence, was soon extended  
to the north, & they appeared in Switzerland,  
Normandy, England, & Northern Europe generally,  
about the latter part of the 9th, or beginning of  
the 10th century. By some it is asserted, that,  
however extensively, these diseases may have  
prevailed on the continent of Europe, they  
did not appear in Britain, until the return  
of the Soldiers who accompanied the Duke of  
Richard, in his expedition to the east,  
in the latter part of the 10th century.

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This is the amount of what I am enabled to learn, concerning the origin & progress of the disease I am now considering, as well as the exanthematous companions, with which it is most commonly associated.

Whether this author's of their origin, & progress, be correct, or otherwise, is more than I am competent to determine. If it be correct, however, as is very probable, it would go satisfactorily to prove, that, neither, Paul of Aegina, nor his predecessors, could have seen these diseases, unless they had seen them, in other countries than their own; & it should likewise serve, to silence the clamour of Harey, who would reproach the Venerable Fathers, of our Society, with negligence, or want of discrimination, because they have not handed down full, & lucid descriptions, of diseases which they had never seen. For indeed, it is not reasonable to suppose,

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that, this desolating trio of exanthems, had ever come either within the observation of the Coar-Jaga, or of those accurate observers of nature, who succeeded him, during a period of more than eleven hundred years. - Had they once witnessed their ravages, they they would have noted them with their usual discrimination, & a few vague & indefinite allusions, concerning them, would not be all the knowledge they would have transmitted to posterity.

But this perhaps, is to wander from my design, & to go too far in search of the age & birth-place of an object, whose nature secreted, & often refractory character, should be the more particular subjects of my regard.

At this distant period we cannot probably ascertain precisely where Rubra first made its appearance, or at what time;

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and as their circumstances, are fortunately, not very material to a knowledge of its present character, pathology, & method of cure, I will leave ~~them~~ to the curious, & pass to some notice of the disease as it appears at present in this country.

The three most striking characteristic phenomena of Measles, are the Sobole's excitement, the Catarrhal affection, & the Effl

The eruption is indeed peculiar, & consists of a greater or less number, of reddish points, or spots, somewhat semi-circular in shape, dispersed over the surface in concentric groups, the intervening portions of skin being, for the most part, of the natural colour. This eruption takes place generally between the fourth day from the commencement, of the attack; it begins to decline on the 6, or 7th, & terminates in a burning desqu

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matters, on the 10<sup>th</sup>, or 12<sup>th</sup> now, & then, it  
happens, that the eruption assumes in its pro-  
gress, a somewhat vesicular form, though,  
this is rare, & a pustular appearance is  
so extremely uncommon, as scarcely to  
be mentioned.

This eruption is always preceded, & accom-  
panied, with a fever, which is more, or  
less inflammatory, or Typhoid, according  
to the violence of the disease, the consti-  
tution of the patient, & the nature of  
the prevailing epidemic; & it will be  
more or less external, according as the  
mucous linings of the nasal, & pulmonary  
orifices, are more or less, sympathetically  
phlogosed.

This disease produces its full effect on the  
human system but once, & is said to  
assail infants, & children, more readily  
than adults.

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This last remark, is perhaps of doubtful  
 correctness, it is unquestionably true, that  
 we see much more of this disease in  
 infants, & children, than in adults; but  
 this can hardly be taken as a proof of  
 their greater susceptibility to its influence,  
 since it is well known, that most persons  
 become subjects of the disease previously  
 to adult age, & equally well known also,  
 that they do not as a general rule, become  
 subjects of a second attack, -

Besides, it does not appear from all that  
 has been proven on this point, that adults  
 are *Adversus priorem* less susceptible than  
 children themselves.

As to the causes of this disease, little con-  
 trariety of sentiment seems hitherto to have  
 been entertained, nearly all concur in  
 ascribing it to *Specific Contagion*, without  
 however, informing us in what this conta-  
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gion essentially consists, or from what sources it is derived.

Now whenever source the stimulus that primarily excites the muscular action is derived, observation seems to have established the fact, that, being once introduced into the human system, it so interrupts & changes its natural functions, & exertions, as to render them capable of importing to the surrounding medium, the same specific influence that first called it into action.

Strange however, as it may appear, this opinion as regards the infectious nature of Muscles, after having been received & acted on as an established fact for more than a thousand years, has lately been called in question, & arguments adduced to the contrary of this opinion. - With how much reason & propriety, its

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infectious nature is disputed, I cannot  
 pretend to say, - I only know this much,  
 if it cannot be communicated from  
 the body of one labouring under the disease  
 in its genuine form, to another who  
 has not previously been affected by it,  
 then, mankind have been for a long-  
 time strangely deluded, since men,  
 both professional, & laical, ordered as  
 they have been, with the ablest talents, skilled  
 in all the learning of their day, & possessed  
 of the best & broadest fields for observation,  
 have declared, not only that it may be  
 so communicably, but have specified the  
 time that the infection remains in the  
 system frequently to producing its specific  
 effects, not from 4 to 14 days, generally from 8 to 10.  
 If such men, under circumstances the most  
 favourable, have suffered themselves to be  
 so egregiously deceived, then we may

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with most propriety question the capacity of the human intellect, & doubt even ~~its~~ power of distinguishing between truth & error.

Although I do not believe that Measles arises primarily from a material & specific contagion, yet, I as much believe that, being once brought into action it is communicable from one person to another as I do that Small Pox, can be so communicated. ~~For~~ this opinion I am supported by all popular observation - the concurrent sentiments both of the "witty & the wise". - But in what particular manner it produces this effect, is not positively determined, although, there seems little doubt that it is effected by a material vapour, or poisonous exhalation, arising from the body of an infected individual. -

This is the more probable, since we can even

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demonstrate, & it is a matter of almost daily observation, that, the exertions of the human body may be so changed by its own morbid actions, as to be capable of exciting in other bodies the same morbid phenomena; — But to ascertain precisely how, & from what particular source the primary irritant originates, is a desideratum which although it now seems of difficult attainment, may hereafter be unfolded to our comprehension by some future, & fortunate, ~~Teacher~~ <sup>Teacher</sup> who, aiming at improvement, may thus connect his name in co-extensive immortality with the Science he cultivates.

However difficult it may be to account for the production of the peculiar virus or in other words the peculiar exciting cause of Measles; there is little <sup>doubt</sup> of their ingenerate origin, whether we regard them <sup>as</sup> material, or immaterial.



Regarding these causes as specific, & material,  
 they would most probably arise from one of  
 the following sources, - either from accumulated  
 filthy animal, or vegetable, acted on  
 by some peculiar atmospheric influences,  
 which, are as essential to its perfect elimin-  
 ation, as they are incomprehensible to us,  
 & which, combined with the above mention-  
 ed fomites, call into existence the genuine  
*Proteus contagium*. Or we might perhaps,  
 with some plausibility ascribe it to a miasm  
 arising from the human body itself, owing  
 to crowded situations, personal filth, paucity  
 of wholesome nourishment, or other accidental,  
 & constitutional peculiarities, which are  
 mysteries only because physicians  
 have not hitherto hit on that particular  
 manner of investigation, by which alone  
 they can be comprehended & explained.  
 Admitting therefore the existence of a material

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*Amoebus microscopus*, it does not seem difficult to account in a plausible manner for its production, in places particularly circumstanced, — But the great objection to its materiality, is that, we cannot on this principle satisfactorily account for the apparent phenomena — it does not enable us to explain its singular diffusion, & simultaneous occurrence, among Families, & Individuals, so distantly separated, & differently circumstanced.

If on the contrary, we regard the disease as not originating primarily from any material poison, but from some general epidemic prevalence, or atmospheric constitution, which predisposes the system to take on a diseased action of this peculiar kind, independently of any abstract material contagion, — if I say, this view be admissible, we can at once account for its

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appearance, & dissemination, in the manner  
 above mentioned; & we shall no longer  
 be surprised that, the inhabitant of the hills,  
 or the valley, the crowded city, & the lonely  
 cottage - the inmates of the filthy & ill ventilated  
 apartment, & the spacious hall, all are,  
 nearly alike, subjects of the disease,  
 & why all are so simultaneously affected.  
 That no one could suppose for a moment  
 that the exciting cause was material, unless  
 he at the same time supposed the sources  
 of this material to be coextensive with the  
 disease, or even, with the atmosphere itself.  
 Even admitting however, the exciting causes  
 of *Bubonic* to be immaterial, & wholly  
 arising from some general epidemic influence,  
 we have yet, many difficulties to encounter  
 in as much as, we cannot comprehend  
 the actual causes, or source, of this peculiar  
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We do not know for example, whether it is attributable <sup>to</sup> change of the relative proportions of the proper atmospheric constituents, — to an accession of foreign gaseous elements, — or whether it arise merely, from peculiar modifications of temperature or from different gradations of dryness, & humidity.

The fact however, that, these last mentioned circumstances are well known to exercise a very powerful influence over the mucous, & capillary tissues, of the system generally, will I think, go much in favour of this last mentioned opinion.

Consulting medical authority on this subject, <sup>we perceive</sup> that, nothing has been actually demonstrated in relation to it, & that very little, or nothing, seems positively to be known, — We see likewise, that however justly the moderns may boast of having carried

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the lamp of science, & inductive philosophy, into various other subjects which, were truly mysteries to the ancients, yet as regards this present knowledge of contagion & epidemics, that they have comparatively but little to boast.

They have indeed, pointed out some of its more probable sources, & ascertained apparently, a few of its more obvious laws;—But as in the theory of the seminae & aetioles of the ancients, there still remains a mystery, an arcana, which they cannot explain, & although they are not now, as formerly, regarded in the superstitious light of an invisible demon, delegated from heaven to scourge mankind & avenge the insults of an offended Divinity, yet they are perhaps, as little understood, & almost as ineffectually opposed.

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Muscles when once called into existence, may be propagated accordg. to Hæmorrhage, by inoculation.

He states that by drawing blood from cutaneous veins where the tuberculous effluence was abundant, he was enabled to produce the genuine disease, in 12 patients, by inserting in to the arm a small quantity of the fluid thus obtained.

The disease says he, appeared on the 6th day, after the operation, the eruption came forth in regular succession, & the disease passed through its regular stages, but with a decided mitigation of all its symptoms.

The disease when excited in this way he says, does not awaken, & call into action the latent predispositions to scrofula, nor does it entail on the system those distressing, & often irremediable sequelae

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which, but too frequently follow the usual disease.

Notwithstanding however, what has been said by Doct. Home upon this subject, succeeding trials of the practice do not, from some cause or other, promise such favorable results.

Insulation, as practiced by Home, has we are told occasionally succeeded in other hands; though it has, by far, more frequently failed, & in the instances in which it has excited the disease, it was not at all more mild in its character, or less baleful in its effects, than when accidentally introduced.

By some it is doubted, whether, the disease can at all be communicated by insulation, & notwithstanding high authority to the contrary, there is certainly some very good foundation for such an opinion.

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We are told by Prof. J. P. Caldwell, that experiments to this point were instituted in the practice of the Dispensary of this City in 1891, & after having faithfully tried, the blood, the tears, the sero-mucous excretions, of the pulmonary & nasal cavities, as well as, the eruptive matter of the cuticle properly moistened, they abandoned the pursuit without having succeeded in a single instance.

Upon the whole then I think we may reasonably conclude that the practice of incutition in this disease, if at all practicable, is by no means worthy of general adoption, & has therefore very naturally fallen into disuse.

Three varieties of Mucules are noticed by authors, viz. (Rubeola Bulgaria, or common Mucule.

2<sup>d</sup> - -- Scaracta or fine cutaneous.

3<sup>d</sup> - -- Nigra or Black Mucules.

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In the 1st of these varieties, we have a rash slightly prominent, extending over the mouth, & fauces, a dry harsh cough & an erysipelatous & inflamed.

In the 2d variety, the rash runs its usual course with little fever, or catarrhal affection, & affords no protection against the genuine disease.

In the 3d variety, above mentioned, the rash is of a bluish, or livid hue, interspersed with yellow, protracted in its appearance, & prolonged in its stage, being for the most part accompanied with extreme languor & quickness of the pulse.

This disease most commonly makes its appearance in winter, & not infrequently, prevails as an epidemic affecting such as have never before been its subjects especially children.

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month in which it most commonly commences, & its prevalence will be more or less general, & extensive, according as the exciting causes happen to be more or less powerful, or as they happen to be few or many in the sphere of its action, who are unprotected by a previous attack. — In respect to remedy, it is as warm as the advances, however, the disease gradually declines, & either wholly disappears, or as if chastised at losing its usurped, & tyrannic sovereignty, meets its rage by enveloping, here & there, an unhappy individual.

Although the approach of the warm season, most generally, checks the progress of the disease, yet this is not always the case, for, it has in many instances been known to prevail extensively, as an epidemic, during the warmest seasons, — &

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sporadic cases ~~even~~ <sup>in</sup> the heats of summer  
are by no means uncommon.

How the increased temperature of the  
atmosphere operates in checking the progress  
of this complaint, is more than I can  
determine, & so far as I am acquainted,  
Medical Authors are, either, wholly silent  
upon the subject, or merely allude to it  
en passant, with a view to advance some  
wild conjecture, or to acknowledge candidly  
their total inability to explain it.

Supposing the Malarious contagion to be a  
material, & specific fluid, warmth might  
operate by diminishing its contagious power;  
although, this is precisely the reverse of  
what it is supposed to produce in regard  
to the peculiant signs of yellow fever, & some  
other of the contagious miasms.

Is it not however, more probable that war-  
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the progress of the disease, by a kind of negative agency, or in other words, by not producing, in the mucous, & capillary tissues of the system, that peculiar irritation, which is at all times a main given note to its existence. This peculiar irritant, being once introduced, causes the general system to preternatural excitation, or more properly speaking excites in it a febrile condition, in order to produce a metastasis of the morbid action to the surface, which in this case becomes as it were, the center towards which all the revulsive energies tend; & nature, by thus changing the seat of the morbid irritation from vital organs, to such as are less irritable & important, not only, relieves the sufferings of the patient but, provides sure measures for her own security & protection.

It is here that we have an excellent <sup>specimen</sup> of the

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wisdom, & becoming of the vis medicatrix nature, with which the powers of medicine were so much delighted, & by which a numerous train of succeeding Physicians have been so fatally deluded.

Regarding her efforts as salutary, (whether they preserved or destroyed the patient as would seem) they preferred becoming idle spectators of her violent commotions, or of her feeble, ghastly, & ineffectual struggles, rather than interfere with much needed assistance, & aid her efforts by agents at once prompt, simple & effectual. Although the recuperative energies of the system, are called in to action ~~in~~ <sup>in</sup> every variety of disease; yet in the whole circle of vital phenomena that probably cannot be found a more striking, & beautiful illustration of that wonderful & instinctive agency, by which living matter, whether animal, or vegetable, is continually striving to repair

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its losses, & preserve its integrity, than that, which occurs in Exanthematic diseases. By some it has been supposed that Rubella in its epidemic character observed softening resolutions, this however does not appear to be confirmed by observation, since the disease is more or less prevalent ~~in every~~ during every year, & might perhaps add in every season, of each year, thus conclusively proving that there is little foundation for the remark. Measles as before observed, generally, occurs but once in its genuine form, ~~but~~ in the same individual, but we are told that a susceptibility to its action has occasionally been renewed & a second infection has followed.

By others, this ~~renewal~~ renewal of the susceptibility, is denied, & they account for a second attack in the same individual, by supposing that the 1<sup>st</sup> invasion was im-  
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perfectly, or by some means so interrupted, as to prevent it from producing its usual, & specific impression upon the system.

That Muscles does not generally occur but once in the same individual, is universally admitted; but by what peculiar, & happy agency, the system is capable of resisting a second attack, will, perhaps, forever be clouded by conjectures & hypotheses.

That it does produce this effect, no one will deny, & we moreover see that as various other stimuli it maintains in many respects, the same faculty for it is well known that various mechanical, & chemical, stimuli, cease to be operative on some organs in proportion as they are more frequently applied.

That this power in the system accommodates itself to external impressions, Physicians, & Physiologists, have concluded,

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& that, too with much reason & plausibility, that the susceptibility of the system is so benumbed by the primary application of the contagious miasm, as forever after to remain torpid to its influence.

This disease in its more ordinary form, or that of *S. Pulgaris*, commences with the usual paroxysms of pyrexia, such as chillings & flushing, tongue & oppression, pain in the breast, back, & loins, loss of appetite, & not infrequently, nausea & vomiting; of little or no matter. To these symptoms we have almost always added, considerable catarrhal affection, as, coughs sneezing coryza, & soreness of the throat, oppressed or hurried respiration, which generally, in the commencement lead the patient (if an adult) to suppose that he is suffering from what he terms "a severe cold." The fever, & other symptoms go on gradually increasing, the cough is dry, & hoarse, the

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eyes are inflamed, suffused with a crimson  
 red, & morbidly sensible to light; the patient  
 becomes irritable, throwing, & impatient of  
 interruption.

Sometimes the bowels are considerably irri-  
 tated, & in young children especially, fre-  
 quent bilious discharges see by no means  
 uncommon. The face & neck become flush-  
 ed, somewhat bloated or apparently swollen,  
 the pulse is generally full & frequent, the  
 tongue is covered with a white fur, the  
 papillae are red & somewhat prominent.  
 These symptoms together with a troublesome  
 itching of the surface, especially of the face, &  
 neck, swelling of the eyelids; pain & soreness  
 of the chest, soreness of the throat, &  
 sometimes difficult, or painful deglutition, not-  
 withstanding the appearance of the eruptions -  
 which usually takes place on the 4th  
 day of the attack, as before observed, at

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this time a drowsy, or comatose state, is very common, more especially in children of gross habits & plethoric adults.

The eruption appears first on the face, neck & breast, although it may be seen on the roof of the mouth, upon the soft palate, & lining membrane of the fauces & throat, some time before it makes its appearance on these parts. From the face, &c. it gradually extends to the body & extremities, & about the 6th day, begins to turn brown where it first appeared, & so on other parts in the order of its occurrence.

On the 9th or 10th day a branny desquamation is observed, & by the 11th or 12th in ordinary cases, no traces whatever of the eruption are left. In measles the coming forth of the eruption does not remove the fever, or very much lessen its violence, as is the case in variola; on the contrary it frequently

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usually happens thus, and only the face, but the symptoms generally are considerably aggravated, & with the exception of the vomiting & gastric <sup>distress</sup>, which are for the most part relieved by the eruption, we do not find much abatement of the symptoms until the desquamation begins, at which time it frequently happens that a gentle diarrhoea comes on which is always (being mild) salutary in removing the remains of the disease, as well as the phlogosed condition of the mucous tissues. These ends it will generally effect by the 15th day, when no remains whatever of the disease will be seen in a larger majority of instances; — it often happens however, that this salutary tendency of the diarrhoea is totally interrupted either by imprudence on the part of the patient, or a misjudged —

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medication. As the disease declines severe pulmonary symptoms frequently supervene, which require the most prompt & skillful medical assistance.

This symptom is frequently a consequence of too early exposure to cold, & it was fortunately, often lays the foundation for Phthisis Pulmonalis.

Although the symptoms of this variety are usually mild, yet it sometimes happens, that, they are so violent as even to destroy the patient in an early stage of the attack. In such cases the fever is violent, there is great gastric uneasiness, difficult respiration, coma, delirium, spasms of the limbs, or general convulsions. There is a particular form or modification of this variety alluded to by Doct. Good, & which would seem entitled to a more distinct, & particular notice, than he has

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thought proper to bestow upon it.  
 In the form to which I allude, the  
 fever is either a typhoid, or typhus,  
 more commonly the former, though,  
 it sometimes happens that typhoid, or  
 malignant symptoms, appear from  
 the first constituting a genuine  
 atonic variety, whereas the more com-  
 mon form of the disease is decidedly  
 of an atonic character.

Keeping these circumstances in view,  
 so our practitioners have <sup>with</sup> much propriety  
 contemplated the disease <sup>under</sup> two modifica-  
 tions only, that, of the common aton-  
 ic or inflammatory variety, & the atonic,  
 typhoid, or putrid, omitting what have  
 been termed the Black, & Imperfect varie-  
 ties, as of little practical importance, &  
 more calculated to perplex than to enlighten  
 the practitioner.

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The symptoms of the modification of which I am now speaking, are decidedly more violent & alarming, than in the one previously described. The eruption is often so profuse as to resemble the eruption of Rosalids, it makes its appearance merely two days earlier, in some instances; it sometimes happens in this form also that the symptoms suddenly change, & from being highly inflammatory, they quickly assume a typhoid, or mortuous aspect; the eruption loses its florid hue, & becomes brown, or livid; sometimes also petechiae appear, accompanied with inflammation of the throat, & fucres, & dark brown fur upon the tongue, & other signs of putrescence. Now & then it happens that the eruption suddenly recedes, owing probably

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to a deficiency of the vital energy, or  
 excessive gastric irritation, & here, un-  
 less we quickly restore it to the sur-  
 face, the patient is irrecoverably lost.  
 In such cases the brain, stomach,  
 lungs, or other internal organs,  
 almost always suffer, owing to the  
 violence of the disease being as it  
 were suddenly reflected inwards,  
 producing violent pneumoniae inflam-  
 mation, & consequent dyspnoea, & oppres-  
 sion, coma, delirium, excessive vom-  
 iting, or obstinate diarrhoea, according  
 to the organs assailed, & the particular  
 circumstances of the patient's constitution.  
 This variety is noticed by Sir Wm. Mal-  
 on, it occurred among the children of  
 the Foundling Hospital in 1763, & 8, &  
 was by him denominated putrid mea-  
 des. Pneumonic symptoms very often

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accompany measles, & sometimes the disease, as an epidemic is characterised by this low degree, we remember it to have prevailed says Doct. Desvres early in the spring of 1785, &c, at which time almost every case was marked with symptoms of pneumonic inflammation.

The 2 variety or imperfect measles as it has been called, seems in a practical point of view to be entitled to but little attention; the fever, & catarrhal affection, are for the most part mild, & require merely that the patient should be protected from the pernicious influence of cold; (which is always to be avoided in measles) take warm mulled wine and drinks, & if the bowels be costive some mild aperient medicine.

This variety is indeed a mere Rubicoid, & is wholly destitute of the most essential

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& important character of genuine Measles,  
 viz. that of protecting the system against  
 a <sup>subsequent</sup> ~~subsequent~~ attack.

Doct. Willan in his 'Description & treatment  
 of cutaneous diseases, order B, part 1<sup>st</sup>, menti-  
 ons cases of this kind, wherein, the appa-  
 rently subacute efflorescence, having sub-  
 sided without much fever, or catarrhal  
 affection, has appeared on the 4<sup>th</sup> day  
 from its commencement a new efflores-  
 cence, with violent disorder of the con-  
 stitution. In these cases it would seem  
 that the 1<sup>st</sup> impression produced on the  
 system was insufficient to produce  
 the genuine Rubrotous action, consequent-  
 ly a rubesoid was the result, but  
 a more powerful impression quickly  
 succeeding, excited the subsequent erup-  
 tion, & developed the genuine disease.  
 The B variety of this disease occurs as before

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mentioned in persons whose constitutions are generally weak, & seems to be connected with a relaxed or debilitated state of the cutaneous capillaries in particular; hence we have effusions of sero-sanguineous fluids, forming Petechiae beneath the cuticle, giving to the variety its particular nosological character.

In these cases however there is generally little danger to be apprehended, notwithstanding the putrescent aspect of the cutaneous surface; the general languor, anxiety, weakness & quickness of the pulse. They are all promptly relieved says Doct Good, by the exhibition of Infus. Cinch. & Elix Nit-muriatis, Typhus infectio happens accidentally to be introduced, when they become of course of the same nature as the typhoid variety, above alluded to, & are to be cautiously





iously watched, & treated on the same principles as will be hereafter mentioned for the sake of that particular modification.

As to the Pathology of this disease, a very different view seems now to be taken, from that which was formerly entertained; instead of ascribing it to a general contamination of the circulating fluids, arising from a material, & specific poison, it is regarded by modern Pathologists as a genuine irritation, seated primarily in the mucous tissues, more especially of the stomach & alimentary canal.

To prove the correctness of this doctrine, we need only to bear recourse to post mortem examinations, which almost uniformly demonstrate a highly phlogosed condition of the mucous linings of these organs, as well as those of the throat, & lungs, all which



are in almost every instance seriously implicated, & in many instances manifest a strong tendency to sphacelation.

The lungs themselves are often found in a phlegmasied condition, & in such as die under the eruption we see toly, that, the lungs membranes of the Larynx & Bronchiae are covered with the efflorescence as in Small Pox to this is ascribed the increase of the cough, & pettoral oppression, so often observed in the eruptive stage of the disease. Sometimes engorgements of the brain, & abdominal viscera are to be met with, & it is no uncommon occurrence to meet with marks of a high degree of inflammation in the mucous membranes of the mouth, fauces, & throat.

There is an other circumstance connected with Rubulous action, which I have not hitherto taken notice of;—I allude to its power

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of suspending the vaccine, & variolous actions, than if measles be taken a sufficient time previously to the inoculation of variola, so that the eruption may come out before the variolous action comes on, the progress of the latter will generally be suspended until the Rubrolous fever declines, when it will immediately resume its influence over the system, & pass through its regular stages as if no interruption had taken place.

It is further asserted in relation to this point that if measles appear, for instance two days after the eruption of small pox had taken place, that the variolous eruption will be stayed, until the measles disappears, & then resume its regular progress as in the above mentioned instance.

To account for the singular control which the Rubrolous action is seen to exercise over

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the variolous, Physiologists have supposed with Mr. Hunter that the two actions cannot, or at least, do not readily take possession of the system at the same time; But even admitting the existence of this law of the animal economy, there is still a difficulty; for unless such circumstances be stronger in favour, ought always to subvert the weaker; whereas, in the instance before us, it would seem at least that the reverse of this is the fact: Since we cannot well believe (judging from the comparative effects produced on the system by these diseases) that the power of the tuberculous is greater than that of the variolous impressions; it may & probably does possess rather more of the pure inflammatory character generally, but as to its general controlling influence upon the system it would certainly

The preceding description of the  
nest is not at all the same as  
that of the one which I have  
seen of the same species. It is  
in fact a different species.  
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appears to be decidedly inferior in power.  
 In regard to the Diagnosis, in this disease  
 it may be observed, that, in some instances  
 it is difficult, & ~~was~~ <sup>has</sup> formerly much  
 confounded with other eruptive diseases,  
 as Varicella, & scarlatina, as also, in its  
 earlier stages with exanthema.

The disease will be distinguished from va-  
 ricella, by the external affection, which al-  
 most invariably attends it, whereas in  
 the latter case it is never or very rarely observed.  
 As the disease advances & the eruption is  
 developed, there is little difficulty in making  
 a proper distinction, since the eruption in mea-  
 les terminates by desquamation whereas in  
 chicken pox, there is imperfect pustulation,  
 & scabbing & the eruption also appears much  
 earlier than in measles, & the accompa-  
 nying fever is much milder, & more uncertain  
 in its duration.

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When catarrh in the early stages of the  
 muscles will generally be distinguished,  
 by the catarrhal affection ~~of the~~ pre-  
 ceding the fever in the foot, whereas in  
 the latter, the fever most generally precedes, or  
 commences with, the catarrhal symptoms.

If however the circumstances of the fever  
 should prevent us from distinguishing  
 these affections in their earlier stages, no  
 injury would probably result from such  
 a mistake, since both diseases at this  
 time require the same management.

To distinguish Muscles from scarlatina  
 is a task in some instances extremely  
 difficult; here, the most skillful, & experi-  
 enced, have confessed their embarrass-  
 ment. Some Physicians seem to attach much  
 importance to a proper distinction between  
 these eruptions; for say they, a very different  
 management is required for each.

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On my own part, I cannot perceive why it should be in a practical point of view so very Important to make this distinction, unless, it be supposed that we are to treat a disease according to its Name, instead of being guided by the condition of the system, & the person case before us.

It is no doubt true that Scrofula, is more frequently attended with an atonic, or 2<sup>d</sup> deg. of constitution of the system than Mucous, & consequently will require a less antiphlogistic treatment; But I cannot see any sound reason, why an identical morbid condition of the system, should not be treated on the same general principle, whether, it be produced by Kings, Scrofula, Small Pox, or any other disease.

There may be here more demand for cautious watchfulness, & attention - I would therefore

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in such cases of doubt, & perplexity,  
 endeavour carefully to ascertain the  
 actual condition of the organs generally,  
 & the tone & vigour of the vital energies  
 in particular; whether there were an act-  
 ual deficiency, or excess, of action, or whe-  
 ther a mere semblance of general pros-  
 tration, were present, arising to a phlogosed  
 condition or enjoyment of particular  
organs. These points being thoroughly  
 well understood, & duly appreciated,  
 the ingenious Practitioner will I believe  
 seldom err in deducing his method of  
 treatment, although it very frequently <sup>happens</sup> that  
 the best medication in such instances is  
 ineffectual, & more offensive.

There are however several points of diff-  
 erence, between these diseases, which  
 it may be well to bear in mind. &  
 at them in scarlet fever, there is generally

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little or no catarrhal affection;— in measles  
on the contrary it is always considerable, &  
frequently severe.

In scarlatina the eruption is more generally  
& diffuse seldom distinct, & elevated, except  
perhaps on the inner surface of the thighs &  
arms; while in measles the eruption is  
generally distinct, & elevated, giving a dis-  
tinct sensation of roughness to the touch; the  
interstitchial portions of skin retaining their  
natural colour.

In scarlatina, the eruption appears sb, or  
48 hours, earlier than in measles, is of a  
scarlet hue, & gives no distinct sensation

of roughness, except as above mentioned. In mea-  
sles however, the rash gives decidedly the  
sensation of roughness, & has more of a  
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In scarlatina, there is generally no swelling  
of the margins of the eyelids, while in measles,

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this symptom is so generally present, especially about the time of the eruption, as by some to be regarded as one of its most certain pathognomonic.

5<sup>th</sup> In scarlatina, the papillae of the tongue are particularly elongated, their points projecting above the brownish or whitish fur with which it is commonly covered; these papillae are for the most part of a bright scarlet hue. In measles this elongation of the lingual papillae, is ~~less~~ <sup>less</sup> ~~the~~ <sup>less</sup> less conspicuous, although it is mostly present in some degree.

6<sup>th</sup> In scarlatina, instead of drowsiness, <sup>& moderately</sup> impatience, there is often a peculiar anxiety, restlessness, & depression of spirits.

7<sup>th</sup> Scarlatina decidedly predisposes to, & is often followed by dropsical effusion, whereas measles, is comparatively speaking, rarely followed by such a result.

The Prognosis, in this disease is generally

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favourable, & must be deduced from the violence  
 of the attack, - The type of the fever;  
 the constitution of the patient, its Sphinctic, or  
 scrofulous, predispositions; the degree of congestive  
 irritation, & consequent Engorgements  
 of the Lungs, Brain, Stomach or other Organs.  
 Violent fever especially of a typhoid character,  
 the eruption being tardy, irregular, or  
 suddenly disappearing, without desquamation,  
 or becoming pale, a livid, accompanied with  
 petechiae; the ~~presence~~ <sup>absence</sup> of stupor, or delirium,  
 the super-venition of violent pneumonia, - sudden  
 prostration of the vital energies, dysp-  
 noea, a violent respiration & convulsions, are  
always unfavourable appearances, & should  
 not fail to awaken serious apprehensions  
 in the mind of the Practitioner, & to elicit  
 also his utmost watchfulness & skill.  
 On the contrary the attack being mild,  
 the fever moderate, & of the enteric grade,

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a feeder from local determinations, or  
engagements, the emptiness being proportioned  
to the degree of fever, & negative in its app-  
earance & progress, the skin being moderate-  
ly hot, & in a perspirable condition, the  
cough being mild, the expectoration free,  
& a mild diarrhoea, supervening, point  
out a favorable termination & should  
always be hailed with Joy & Gladness,  
by the Practitioner.

In the treatment of this, & as well as,  
in all other general Exanthems, the  
Physician is not to aim at curing the  
disease. He must therefore content himself,  
with becoming the humble Pilot, & carefully  
study of Nature, whose wonderful & insti-  
tutive efforts, under a judicious guidance  
& regulation, are not only the safest, & best,  
but so far as has hitherto been discover-  
ed the only remedy in disease.

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We may indeed supply a fictitious  
organ, as a leg, or an eye; but the  
reparative energies of nature can alone  
restore organized parts when deficient,  
or accommodate the actions of the system  
to the inconvenience, or injury sustained.

We may relieve the system from Plethora  
or Oppression by abstracting blood; but  
we could never remedy disease by so  
doing, unless the restorative tendencies of  
an organism resumed their salutary  
sovereignty, & conquered with an assi-  
stance the enemies that assail them.

I am diseased <sup>of the human body,</sup> seem to have been more inju-  
diciously managed from the time of  
Rheas, or that of Sydenham, than the  
one of which I am now speaking.  
The causes of this mismanagement however,  
seem directly traceable to the cruel  
notions, which were entertained in

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regard to its nature, & pathology. —  
 Believing as they did, that, the entire  
 mass of circulating fluids, was poisoned,  
 contaminated, & loaded with a morbid  
 matter, this whole attention seems to have  
 been directed to its immediate elimination  
 from the system.

For this purpose the unfortunate sufferers  
 were indiscriminately forced into close &  
 heated apartments, or half stifled with  
 bed clothes, & dosed with hot decoctions,  
 vegetable infusions, or even more stim-  
 ulating beverages, without any regard  
 either to the particular nature of their  
 constitutions, or the nature & violence  
 of their disease.

Rhazes however, an Arabian of the  
 9th century & one of the first writers on  
 Small Pox, seems to have treated this  
 class of diseases with more judgment

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& discrimination; viz. upon the general principle of graduating the fever; while his successors, strangely forgetting, or wantonly disregarding, the wholesome admonition of considering, a great fever, as a "great evil," in their cases, seem to have measured the altitude of their skill, by the quantity of fever, & consequent ambition they could produce.

It does not seem to have occurred to them that, this morbid poison which they were so sedulously encouraging to force from the system, could be multiplied by the violence of that action it excites, or that a still higher degree, would wholly defeat the object both of Nature & the Physician.

This was reserved for the Laureate, & judicious Sydenham, who notwithstanding the trammels of his theory, boldly

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ventured to follow the Dictates of Nature, & to produce such a revolution in the treatment, not only, of Exanthems, but of diseases generally, ~~and~~ as will forever justly entitle him, to the appellations of modern Hippocrates, & Reformer of Medicine.

Taught by the judicious observations, & experience of Sydenham, as well as, the more recent improvements of pathological science; the moderns seem almost unanimously agreed as to the great principle, that should direct them in the management of Exanthematous diseases.

Rubeola, owing to its frequent occurrence, has received its due share of attention; it is regarded as <sup>a disease</sup> decidedly inflammatory in its general character, & equally well known to require in a large majority

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of instances, no active remedial measures. It is therefore the incidental symptoms, & more aggravated forms, of the disease that we are called on to remedy, & consequently it is of these, that I shall more particularly speak. If then at the commencement of measles, there be high fever, severe pain, restlessness, & oppression; there can be no doubt of the propriety of evacuating blood; cautiously graduating quantity taken, to the age & strength, of the patient, the violence of the disease; the nature of the prevailing epidemic, & the immediate effect produced.

We should also, in such cases, ever aim a strict adherence to ~~the~~ antiphlogistic regimen, & should the stomach & bowels be disordered, emetics, & purgatives are to be used. Emetic Tartar & Spoon na

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fulfil the former indication best in cases of adults, but for children, the Vin. Antic. combined with Mel. Scillon or taken alone should be preferred.

The 2<sup>d</sup> Indication, should be fulfilled by calomel, combined with Rhin, or Gardal, or taken alone being followed by ol. Ric. to quench its operation.

The patient should also drink freely of mild mucilaginous liquids, such as infusion of flax seed, Gum. Arabic water, barley water &c, slightly acidulated with vegetable acids, & if the fever run high incessantly doses of antiperistalsis, should be given, aided by Miter & cold water which is exceedingly refreshing, & may be drunk ad libitum, always guarding against very large draughts at a time; this fluid was the *Scorifica* *Megnum* with some of the Ancient Physicists

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Physicians, & may be taken with more safety, & advantage, in almost every disease, than is commonly supposed. I believe its use is often prohibited when it would of itself, if gradually taken, be of infinitely more service than the drugs that are improperly made to usurp its place -

The cough if troublesome should be allayed by Demulcents, & opiates, ~~the~~ those which answer the purpose best, are perhaps common molasses candy, extract of liquorice, & syrup of poppies which last is of all these the most effectual.

It is important that the cough should be checked, as the irritation produced by it, together with the loss of sleep, will very much aggravate the fever, & other symptoms. The tendency of opiates to heighten fever & favour local congestions,



may be obtained by combining them with  
antimonials, in the following manner

Rs. Acet. Op.  $\frac{ij}{j}$

Win. Antim.  $\frac{j}{j}$

Liq. Bol. Tolat  $\frac{ss}{j}$

of this mixture an adult may take a tea-  
spoonful 3 or 4 times a day. Owing to the catarrhal  
tendency of this disease, we cannot expose  
the patient to the fallaciousness of cold  
air, so salutary in Small-Pox. He must  
~~therefore~~ be confined to a mild & equi-  
table temperature, & ~~regularly~~ avoid  
the extremes of heat, & cold; a thermo-  
metric range of from 60, to 64, degrees is  
perhaps the best we can advise.

I am aware that opiates, in this disease  
are by some considered questionable, in  
the early stage, but if the fever be  
fully reduced by the above mention'd  
measures, it will require but small doses

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of these medicines to produce the desired effect, which effect is of much importance, & will more than compensate for the ill effects, which the remedy has a tendency to create. In reducing the system to the state in which opiates become admissible, & in which they certainly produce such decided benefit, we must ever keep fully in view the nature, & tendency of the prevailing epidemic, as these will very materially influence the extent, to which antiphlogistic, & preparatory measures are to be carried. Sometimes the character of the epidemic, is so decidedly ~~inflammatory~~ inflammatory, as to require, repeated & extensive evacuations; whereas in other instances, the dysphasic predisposition requires us to be extremely circumspect, in the use of these medicines. These are important circumstances

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long since pointed out, & strongly insisted on by experienced men, & deserve perhaps much more attention than they have generally received.

It sometimes happens that the force of this disease centers as it were upon the Lungs, in such cases, it will be proper to resort immediately to local, & general bloodletting, if admissible, & here we must not be deceived, in many instances it affords the only chance for the patient,

& I believe I have seen it succeed in two or three instances where it did not seem admissible, but having <sup>used</sup> other remedies ineffectually, & even lost all hope of recovery, it was turned to as a desperate resort, & was completely successful.

This is a point strongly insisted on by Sydenham, & is he says the only remedy in such cases, on which we can depend

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The depletion however, must be cautiously regulated, where there is a typhoid predisposition; here also local blood letting will be useful, after it is no longer proper to take it from the general circulation, the auxiliary measures, as blisters, <sup>for</sup> warm pediluvia, & sinapisms, will here be serviceable, & ~~should~~ <sup>must</sup> never be overlooked. Then too if the dyspnoea be great, we shall sometimes be aided in relieving it, by directing the patient to inhale the vapour of hot vinegar & water, into which a few drachms of sulphuric ether has been added.

Sometimes it happens that the pectoral oppression, arises from phlegm, or tenacious mucus, obstructing the bronchae; & in such cases we must have recourse to emetics, which frequently in such instances have

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have a threefold beneficial effect;—  
 viz. that of freeing the stomach of  
 its irritating <sup>contents</sup> & discharging the accumu-  
 lated fluids from the bronchæal tubes;  
 and interrupting, or changing the morbid  
 actions of the general system, & equalis-  
 ing the circulation.

When the fever, & difficulty of breath-  
 ing continue, & it is judged that further  
 depletion would be inadvisable,  
 it has been advised to prescribe  
 the root of *Digitaria* in full doses,  
 with a view to diminish the velocity of  
 the circulating fluids, & thus lessen the  
 quantity thrown upon the lungs; &  
 in such cases we are told that the fever  
 has been diminished, the Dyspnoea allayed,  
 the bowels relaxed, & a general melioration  
 of the symptoms produced.

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be obtained from the action of this medicine,  
 I cannot say, But from the uncertainty  
 of its operation, & the influence which  
 the position of the patient's body exer-  
 cises over its power of lessening arterial  
 action, will I ~~be much~~ inclined to think,  
 always render it a very doubtful resource in  
 in such cases. I have seen it given  
 in a few instances only, & in these the  
 pulse was but little moderated in frequency,  
 which circumstance, might in part perhaps  
 be owing to the same erect position of the  
 patients, they being unable to maintain the  
 recumbent posture, on account of the urgent  
 dyspnoea. Besides its uncertainty of effect, there  
 would not seem to promise security, even  
 were its operation uniform; for admitting  
 it to lessen the frequency of arterial pulsation  
 in a large majority of instances, this simple  
 diminution of frequency, would not seem

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to remove the impacted condition of the lungs. -  
 The circulation, though diminished in velocity,  
 is not equalized, & of course the lungs  
 would retain the same relative proportion  
 of accumulated fluids as before.

Some times it happens in this disease, that  
 the eruption is tardy in making its appearance,  
 or does not appear at all; or if it do  
 appear, is of a pale, livid, and unnatural  
 colour. In such cases we are to  
 be on our guard that we do not mistake  
 the cause of such irregularity; if it arise  
 from absolute debility, then, sure posture  
 is plainly painted out; - & we shall have  
 recourse to the diffusible stimuli, such  
 as wine, whiskey, carb. Amer., & others, warm  
 bath, & Ether Sulph., which is in many  
 instances the best of diffusible stimuli.  
 Should it however arise from gastric  
irritation, which when very excessive

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after produces this effect, ~~our~~ attention must be immediately directed to its removal; for this purpose we give an emetic, if the stomach be loaded with irritating matter, & apply a blister to the epigastrium, which in many instances will operate like a charm, & is perhaps more generally to be relied on in such cases, than all other means.

But should the irregularity of which I am now speaking arise from excess of action, as has often fatally happened; then, we are to resort without delay to venesection, properly regulated, & to a more cooling & antiphlogistic regimen.

This particular condition is noticed by Sydenham, as occurring in the epidemic of 1679, & as his account so completely illustrates what I wish to enforce, I shall take the liberty to quote his own words.

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"*obliquando*," says he, "etiam post regiminis intensum calidum *Exanthemata* livescunt primo, mox nigrescunt: id vero adultis tantum contingit, de quibus cancellaturum est, ubi primum nigredo conspicitur, nisi *Palustria* et temperationis regiminis refrigerio id actum subvertatur."

Sydenham not only bled adults freely in this disease, <sup>But</sup> even practiced it on the smallest infants, & when the Germanic inflammation was obstinate he declares that he did not hesitate to repeat the operation & that he has seen many children, apparently at the point of death from this symptom, who "benedicente summo Numine & repetita venesectio" were perfectly restored.

Sydenham however, seems to have had an aversion to bleeding in the early stage of the disease, maintaining that this operation should be reserved as a means of combating the supervening pulmonary inflammation, so common towards

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its decline; Doct. Good also concurs with him  
in this opinion!.

For my own part I am unable to reconcile  
this advice, with my present pathological  
views as to the nature of this disease,  
or with the views now generally entertained  
in relation to the exciting causes of infla-  
mmation. If we suffer the fever to rage  
in the primary stages of the complaint,  
do we not voluntarily permit a powerful  
exciting cause of subsequent congestion, &  
local inflammation to continue? or in other  
words, do we not cherish that very spark  
that afterwards becomes the chief agent  
in producing all the future difficulty, & distress?  
Certainly nothing so effectually removes all  
the miserable sequelae of this disease, as a  
persistent, well directed, antiphlogistic course.  
The future danger arises from the lasting  
inflammation, & we may often prevent

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the most serious, & terrible consequences  
by long persistence, in this regimen.  
Should we not upon the same principle  
check this much shaded inflammation, or  
wholly prevent its occurrence by striking  
at the root of its exciting cause, viz. the  
high fever & vascular action of the  
primary stage?

Some times it happens that this disease has  
a strong Syphilitic tendency from the on nesci-  
ent, & here our method of cure must be  
regulated upon the general principle of  
equalizing the circulation, & supporting the  
tone of the vital powers - this is to be accom-  
plished by antiseptics, of Zingiberis, turpentine,  
vine, &c., carb. Am. & nourishing diet, & opio-  
pastes, sinapisms, & should local congestions  
supervene, they will require topical  
depletion, & counter irritation.

The effects of Rubella it has been observed

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are often more to be dreaded than the moderate disease, they are very dangerous even more destructive than Small Pox, & may well be considered as the chief ministers of Death in this disease.

The more common sequelae, are that 1<sup>st</sup> of awakening the latent scrophulous predispositions into action, Descending obstinate chronic aphtharoid, & severe bowel affections, & that of laying the foundation for a future Phtisis Pulmonalis or undermining the general energies of the constitution.

These, as I have before stated, can alone be remedied by effectually subduing the local, & general inflammation.

It now & then happens that the lining membranes, & muscles of the Larynx take on a high degree of inflammatory action, & the voice becomes much impaired, or totally lost. In such cases we

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are to defend an topical depletion, by  
 cups or leeches applied to the vicinity  
 of the affected part; on counter irrita-  
 tion, & the rigid observance of the  
 antiphlogistic regimen, under the regu-  
 lar above recommended

By some we are told, that, instead of  
 senescence, we should in cases of Ch  
ildren, resort to cupping, & leeching; I  
 should suspect, however, that this last  
 injunction, has been derived more from  
 the objections which Parents usually have  
 to having their offsprings Bled than from  
 any sound therapeutic Principle, since  
 the latter, are certainly much more  
painful methods of depleting, & do not  
 of course operate on any other principle  
 when applied to infants, than they  
 do on those of adult age.

In summing up then, the Methodus  
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Moderate which I have recommended in the preceding pages for Hæmorrhæ, I am enabled to add little to the summary of the Illustrations of Home, viz. 1 "venesectione acetate viribus et cetera mensuranda, 2 Vomitus, 3 Dieta tenuissima, 4 Potus multo diluente acidulo.

The must, I repeat, from the <sup>commencement</sup> ~~cautiously~~ watch any local determination, that may take place in the progress of the disease, especially to the Glands, & these are to be promptly combated, by general, & topical Bloodletting, always keeping a steady eye on the constitution of the patient, & the Nature of the case. I would the more particularly insist on the early & prompt subduction of these symptoms, as also of high Debility excitement, in as much, as they alone lay the foundation for the most violent & fatal consequences of the disease.

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In this as in all pulmonary affections, it is important to allay the cough & consequent irritation; & here, (if the fever be duly graduated) we may almost always use opiate, either alone, or combined with antimony, with the very best effects.

In order to guard the patient against subsequent unpleasant symptoms, I would enjoin a mild unirritating diet, & direct him scrupulously to avoid early exposure to cold.

Thousands die annually of this disease, & its sequelae, owing in a great measure, to the prevailing notion that this disease requires no further treatment than can be directed by the Parent, or some ignorant Nurse; this popular opinion is to be severely reprobated, & it should be fully impressed on the Public Mind, that Measles always requires carefully to be watched

by the Physician, although, in a majority of instances little of his assistance is required.

When Rabies, is known to prevail as an epidemic, such as are liable to it should prepare for its reception as in cases of Small Pox, by mild aperients, & vegetable diet;—such a preparation is the most certain means of abating its occasional violence, & is in the opinion of some as emphatically demanded, as in Variola itself.

Phil. March 7th

1829